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FACSIMILE TRANSMITTAL SHEET

TO:	Commissioner for Patents	FROM:	Peter Canelias
COMPANY:	USPTO	DATE:	6/22/2009
FAX NUMBER:	571-273-8300	TOTAL NO. OF PAGES INCLUDING COVER:	28
PHONE NUMBER:		SENDER'S REFERENCE NUMBER:	AS2
RE:	Amendment and response to Office Action; U.S. Patent Application Serial No. 10/798,079	YOUR REFERENCE NUMBER:	10/798,079

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS

CONFIDENTIAL

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Transmitted with this cover sheet are:


1. Amendment Transmittal Letter (1 pg.);
2. Petition for extension of time (1 pg.);
3. Credit Card Payment Form (1 pg.);
4. Amendment and response to office action (23 pgs.);
5. Certificate of Transmission under 37 CFR 1.8 (1 pg.);

all in response to an office action in respect of U.S. application serial no. 10/798,079.

Thank you for your assistance.
Peter Canelias, reg. no. 40,547

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JUN 22 2009

AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. AS2	
Applicant(s): Aaron Charles Newman; Emiliano Berenbaum						
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/798,079	03/11/2004	Paul Kim	31097	2161	5342	
Invention: SYSTEM FOR PROTECTING DATABASE APPLICATIONS FROM UNAUTHORIZED ACTIVITY						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	7 -	88 =	0	x \$25.00	\$0.00	
INDEP CLAIMS	1 -	14 =	0	x \$105.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 501422 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature Peter S. Canelias, reg. no. 40,547 Law Offices of Peter S. Canelias 420 Lexington Avenue Suite 2620 New York, NY 10170 Tel: (212) 223-9654 Fax: (212) 223-9651			Dated: June 22, 2009 <div style="border: 1px solid black; padding: 5px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			
CC:						